

**Urinary tract infections in under 16s (standing committee update)**

**Consultation on draft guideline - Stakeholder comments table  
21 June 2017 to 19 July 2017**

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.*

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Barking and Dagenham, Havering & Redbridge CCG	Short	7	2	'I think the guidelines should include a definition for 'bacteriuria' & 'pyuria' for table 3 as there is none in the guidance at the moment & I think not having a definition in could result in overtreatment'.	Thank you for your comments. Definitions of 'bacteriuria' and 'pyuria' are now included in the 'terms used in this guideline' section of the short version.
Cardiff University	Addendum	34	19 - 30	This is an important point and will affect the reported prevalence of UTI. In addition to this, different studies will have different definitions for what constitutes a uropathogen (e.g. in the DUTY study only significant growths of Enterobacteriaceae were considered to be UTI) and different definitions of 'predominant growth'. There may also be differences in procedures in research laboratories compared to NHS laboratories. All of these factors could affect the prevalence of UTI.	Thank you for your comment. We have added the differences in uropathogen definition and laboratory procedures in the quality of the evidence section of the 'rationale and impact' section.
Cardiff University	Addendum	34	42 - 45	It would be helpful to present the baseline UTI prevalence for the included studies in the tables.	Thank you for your comment. Prevalence of UTI in the studies included has now been added to the evidence table in Appendix D of the addendum.
Cardiff University	Addendum	35	20 - 21	Some UTIs in children are not caused by gram negative bacteria. These UTI would not	Thank you for your comment. This guideline update considered UTIs as a whole and did not

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				be detected by nitrite on dipstick. Have the committee looked at how many of these type of UTI there are and performance of dipsticks in UTI caused by gram negative bacteria to assess the risk of these being missed if the current guideline to use dipsticks in the 3 month-3 year age group is published? This type of atypical UTI is thought to be more common in younger children and perhaps more likely to be associated with renal scarring and complications so may be more important to detect.	differentiate between gram negative and positive. The committee discussed the risks of missing a UTI caused by non-nitrite forming bacteria and felt that the importance attributed to the presence of leukocytes in the urine safety netted these children. The committee felt that final bullet of recommendation 1.1.6.1, which indicates that a urine sample should be sent for culture when clinical symptoms and dipstick tests do not correlate, captured this concern.  The association of atypical UTIs with renal scarring was not an outcome of this clinical evidence review, however, progressive renal scarring (PRS) was incorporated into the health economics model. As there are no published studies suggested to NICE which show an association between atypical UTIs and renal scarring, NICE is unable to include a discussion of this in the guideline update.
Cardiff University	Addendum	35	3	The Committee noted that renal scarring may lead to hypertension. However, hypertension did not seem to have been included in the Economic evaluation as a possible consequence of childhood UTI. Although it may be reasonable to assume that hypertension would only occur following childhood UTI if there was renal scarring, not all renal scarring will be detected as it can	Thank you for your comment. While hypertension was not explicitly included in the economic analysis, the most serious consequences of progressive renal scarring were captured in the model via a probability of progression to end-stage renal disease. Moreover, model results show that the consequences of renal scarring would have to be very substantially more severe in order to affect

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				only be diagnosed with renal imaging, and this is only carried out in a minority of children with UTI.	conclusions, so the inclusion of hypertension would be very unlikely to change the decision reached.
Cardiff University	Addendum	35	5 - 6	“In Primary care, the main concern amongst general practitioners is febrile infants and children...”.While it is true that febrile children are a concern, especially as fever could be due to a wide range of conditions, the main issue for GPs is deciding which children need to have a urine sample taken (in children with and without fever and irrespective of whether this is sent for culture or tested with a dipstick). This is still unclear in the guideline and further clarification of this would be welcome.	Thank you for your comment. Method of urine collection was outside the scope of this guideline update. Current recommendations 1.1.3.1 to 1.1.3.2 provide guidance on appropriate urine collection methods. For guidance on fever with no obvious cause, please refer to <a href="#">CG160 fever in under 5s</a> guideline.
Cardiff University	Addendum	148	18	“A key limitation is the considerable uncertainty surrounding the consequences of a false negative test result for UTI.” In addition to this, there is also the group of children who may have a UTI but in whom a urine sample is not obtained (perhaps because UTI was not suspected due to non-specific symptoms and signs). Have the consequences of these potentially missed UTIs been taken into account?	Thank you for your comment. This guideline update focused on infants and children up to the age of 3 years with suspected UTIs. Therefore, those not suspected of UTIs were outside the scope of this update. While urine samples not being obtained due to non-specific symptoms and signs is an important issue, it was beyond the remit of the economic analysis. The population in the model was children in whom UTI is suspected and a urine sample is obtained. This was because the comparison of interest was between dipstick testing and laboratory testing for UTI, and (by definition)

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					children in whom UTI is not suspected are not tested.
Cardiff University	Short	7	1 (1.1.5.3)	It may be worth emphasising the importance of waiting the specified time for the dipstick tests (e.g. LE takes longer) as in everyday primary care, this is not always adhered to/known about and will affect the accuracy of these tests.	Thank you for your comment. While this is an important issue, it is outside the remit of the guideline to advise clinicians and healthcare professionals on how to use the dipstick tests. The new recommendation 1.1.5.3, and the discussion around this in the rationale section of the evidence review, highlights the importance of considering both leukocyte esterase and nitrite when assessing dipstick tests.
Council Members of The British Society for Antimicrobial Chemotherapy (BSAC)	General	General	General	No comments for this Economic model for the NICE guideline on urinary tract infections in under 16s.	Thank you for your comment.
Department of Health	General	General	General	No substantive comments to make, regarding this consultation	Thank you for your comment.
Diabetes UK	Short	5	4	<ul style="list-style-type: none"> <li>1.1.5.2</li> </ul>	Thank you for your comment. Symptoms of type 1 diabetes was outside the scope of this guideline update. The symptoms of type 1 diabetes in

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				The symptoms of a UTI in children of all ages can mimic those of Type 1 diabetes. If a child presents with any of the 4Ts (toilet (passing urine frequently), thirsty, tired (excessive tiredness), thinner (losing weight), they should have an immediate capillary blood test taken. If the result is >11mols/l, they should be assumed to have Type 1 diabetes and be referred to and seen by the local paediatric diabetes team same day. For more information please see: <a href="https://www.diabetes.org.uk/the4ts">https://www.diabetes.org.uk/the4ts</a>	children and young people can be found in <a href="#">NG18 Diabetes (type 1 and type 2) in children and young people: diagnosis and management.</a>
NHS England	Addendum	General	General	Microscopy  Rapid POCT /automated analysers for urinalysis/microscopy not included, reviewed or detailed.	Thank you for your comment. This guideline update was limited to the use of dipstick testing in infants and children up to 3 years of age. Diagnostic studies with point-of-care dipstick tests were included in this guideline update. Microscopy as an index test in combination with dipstick test or in combination with culture were included in this guideline update. Dipstick tests read either visually or by an automated analyser were included in this guideline update. Other automated analysers were outside the scope of this guideline updated. The full protocol of this evidence review can be found in Appendix A of the Addendum.

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NHS England	Addendum	6	17	Remove second full stop from this sentence other tests in infants under 3 months and 3 months or older but younger than 3 years..	Thank you, this has been amended as suggested.
NHS England	Addendum	32	13	<p>send a urine sample for urgent microscopy and culture</p> <p>include sensitivities not merely culture rapid automated urinalysis not included Recommendations on methods of culture, interpretation (CFU/ml) and testing in laboratories not included</p>	<p>Thank you for your comment. This guideline update was limited to the use of dipstick testing in infants and children up to 3 years of age. Therefore, sensitivity to antibiotics was not examined. Methods of culture, interpretation and testing in laboratories are also outside the scope of this guideline update.</p> <p>Dipstick tests read either visually or by an automated analyser were included in this guideline update. Other automated analysers were outside the scope of this guideline updated. The full protocol of this evidence review can be found in Appendix A of the Addendum.</p>
NHS England	Addendum	33	3	<p><input type="checkbox"/> <input type="checkbox"/> If leukocyte esterase or nitrite, or both are positive: start 1 antibiotic treatment; send a urine sample for microscopy and 2 culture. [2017]</p> <p>include sensitivities not merely culture rapid automated urinalysis not included Recommendations on methods of culture, interpretation (CFU/ml) and testing in laboratories not included</p>	<p>Thank you for your comment. This guideline update was limited to the use of dipstick testing in infants and children up to 3 years of age. Antibiotic sensitivity testing, methods of culture and interpretation and testing in laboratories are outside the scope of this guideline update. Dipstick tests read either visually or by an automated analyser were included in this guideline update. Other automated analysers were outside the scope of this guideline updated. The full protocol of this evidence review can be found in Appendix A of the Addendum.</p>

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NHS England	Addendum	33	5	Urine samples should be sent for culture:  Include safeguarding aspects – sexually acquired infections, genital mutilation, post sexual assault or link to appropriate guidance  Include post-operative	Thank you for your comment. Safeguarding aspects and post-operative UTI were outside the scope of this guideline update. The updated short version now contains a link to the safeguarding text on the NICE website, where <a href="#">CG89 Child maltreatment: when to suspect maltreatment in under 18s</a> guideline is available.
NHS England	Addendum	39	3	The committee considered any possible equalities issues  Transgender and sexually active boys not listed	Thank you for your comment. The updated short version now contains a link to the safeguarding text on the NICE website, where <a href="#">CG89 Child maltreatment: when to suspect maltreatment in under 18s</a> guideline is available.
NHS England	General	General	General	Overall, support the recommendations set out in this guidance. We agree that these recommendations seem appropriate. (AR)	Thank you for your comment.
NHS England	General	General	General	The guidelines recognise the difficulty of collecting urine samples in children under the age of three but do not provide any guidance on methods of urine collection. There may be responsibility for GPs to have the appropriate disposable bags, pads etc to collect urine from children. (AR)	Thank you for your comment. Method of urine collection was outside the scope of this guideline update. Current recommendations 1.1.3.1 to 1.1.3.2 provide guidance on appropriate urine collection methods.
NHS England	Short	General	General	Why not update all areas of guidance rather than only a fraction?	Thank you for your comment. NICE guidelines are reviewed, usually every 2 to 4 years, by the NICE Surveillance team for areas to be updated. New evidence was found (5 studies on the diagnostic accuracy of urine dipstick testing) to suggest that

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					the guidance on urine testing for infants and children under 3 years should be updated. There was insufficient new evidence to suggest a full update of the guideline was necessary.
NHS England	Short	General	General	Diagnostics/referral process/link to guidance for renal damage not listed	Thank you for your comment. Various diagnostic techniques are referred to within the current guidance. Referral to paediatric specialist care is referred to in recommendation 1.1.5.2, 1.2.1.1 and 1.2.1.3. There is no specific guideline for renal damage in children.
NHS England	Short	General	General	Document does not mention cancer as differential	Thank you for your comment. Cancer is outside the scope of this guideline. Please refer to <a href="#">NG12 suspected cancer: recognition and referral</a> guideline.
NHS England	Short	General	General	Safeguarding - guidance does not include reference to or link to guidance on female genital mutilation, detection, reporting and UTI or male child sexual activity, or sexual assault process	Thank you for your comment. The updated short version now contains a link to the safeguarding text on the NICE website, where <a href="#">CG89 Child maltreatment: when to suspect maltreatment in under 18s</a> guideline is available.

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NHS England	Short	6	1 - 7	<p>1.1.5.3 Use dipstick testing for infants and children 3 months or older but younger than 3 years with suspected UTI. 2</p> <p><input type="checkbox"/> If both leukocyte esterase and nitrite are negative: do not start antibiotic 3 treatment; do not send a urine sample for microscopy and culture 4 unless at least 1 of the criteria in recommendation 1.1.6.1 apply. 5</p> <p><input type="checkbox"/> If leukocyte esterase or nitrite, or both are positive: start antibiotic 6 treatment; send a urine sample for microscopy and culture. [2017]</p> <p>include sensitivities not merely culture rapid automated urinalysis not included Recommendations on methods of culture, interpretation (CFU/ml) and testing in laboratories not included</p>	<p>Thank you for your comment. This guideline update was limited to the use of dipstick testing in infants and children up to 3 years of age. Antibiotic sensitivity testing, methods of culture and interpretation and testing in laboratories are outside the scope of this guideline update. Dipstick tests read either visually or by an automated analyser were included in this guideline update. Other automated analysers were outside the scope of this guideline updated. The full protocol of this evidence review can be found in Appendix A of the Addendum.</p>
NHS England	Short	7	4	<p>Urine samples should be sent for culture:</p> <p>Consider adding: Document could detail culture and sensitivities to enable identification of resistance and limit unnecessary treatment.</p> <p>Addition of other diagnostic tests for bacterial pathogens not detected by culture</p>	<p>Thank you for your comment. This guideline update was limited to the use of dipstick testing in infants and children up to 3 years of age. Antibiotic sensitivity testing, methods of culture and other diagnostic tests were outside the scope of this guideline update. However, the NICE surveillance team will consider these in the next guideline review.</p>

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NHS England	Short	19	9 - 10	It also does not cover preventive measures or long-term management of 9 sexually active girls with recurrent UTI.  This guidance does not equally consider or mention sexually active boys or transgender children For safeguarding suggest inclusion of urine testing guidance or link to appropriate guidance for sexual abuse	Thank you for your comment. The updated short version now contains a link to <a href="#">CG89 Child maltreatment: when to suspect maltreatment in under 18s</a> and some additional text on safeguarding.
Royal College of Nursing	General	General	General	The Royal College of Nursing welcome proposals to update this clinical guideline. The draft seems comprehensive.	Thank you for your comment.
Royal College of Nursing	General	General	General	The additions in the addendum seem entirely appropriate and it is good to see the links with the NICE guidelines for fever in under 5s.	Thank you for your comment.

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				The RCN support the updated guideline.	
Royal College of Nursing	General	General	General	We consider that the table on page 32 (Table 13: Presenting symptoms and signs in infants and children with UTI) is very useful.	Thank you for your comment.
Royal College of Nursing	General	General	General	We recommend that services have the correct resources to take an accurate urinalysis in a child under 3 especially those in nappies.	Thank you for your comment. Local commissioners should take into account new recommendations from this guideline update.
Royal College of Paediatrics and Child Health	General	General	General	We are very happy with the NICE guidance, and have nothing further to add.	Thank you for your comment.

*\*None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.*

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